

PART B - FEE(S) TRANSMITTAL 01-04-07

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JAN 02 2007

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Susan Grish (Depositor's name)
Susan Grish (Signature)
1-2-07 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/043,930	01/11/2002	Scott A. Millsap	DP-305590	9261

TITLE OF INVENTION: METHOD FOR SYNCHRONIZING DATA UTILIZED IN REDUNDANT, CLOSED LOOP CONTROL SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400.00	\$300.00		01/05/2007 HDEMESS2 00000114/00043930	01/04/2007
EXAMINER	ART. UNIT	CLASS-SUBCLASS		01 FC:1501 1400.00 DA	1400.00 DA	

BARNES, CRYSTAL J

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700-0450001

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 *Michael D. Smith*
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DELPHI TECHNOLOGIES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) TROY, MICHIGAN

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DAPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *500831* (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Susan Grish*Date *1-2-07*

Typed or printed name

Susan Grish

Registration No. _____

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